



General Assembly

February Session, 2004

Amendment

LCO No. 4794

SB0056904794SD0

Offered by:

SEN. MURPHY, 16th Dist.

To: Subst. Senate Bill No. 569

File No. 458

Cal. No. 337

***"AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH
STATUTES."***

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- 1 In line 23, strike "the first " and insert in lieu thereof "a"
 - 2 In line 150, strike the brackets around "one hundred twenty" and
 - 3 strike "ninety"
 - 4 In line 230, strike "one hundred twenty" and insert in lieu thereof
 - 5 "ninety"
 - 6 Strike section 11 in its entirety and renumber the remaining sections
 - 7 and internal references accordingly
 - 8 Change the effective date of section 15 to "Effective from passage"
 - 9 Change the effective date of section 18 to "Effective from passage"
 - 10 Change the effective date of section 19 to "Effective from passage"
 - 11 In line 597, insert an opening bracket before "October" and strike the

12 opening bracket before "2004"

13 In line 597, strike "2005" and insert in lieu thereof "January 1, 2004"

14 Strike lines 641 to 648, inclusive, in their entirety and insert the
15 following in lieu thereof:

16 "(b) Notwithstanding the provisions of subsection (a) of this section,
17 the commissioner may grant a license by endorsement to an applicant
18 who presents evidence satisfactory to the commissioner that the
19 applicant (1) is licensed or certified as a clinical social worker in good
20 standing in another state or jurisdiction whose requirements for
21 practicing in such capacity are substantially similar to or higher than
22 those of this state, and (2) has successfully completed the clinical level
23 examination of the Association of Social Work Boards, or its successor
24 organization. No license shall be issued under this subsection to any
25 applicant against whom professional disciplinary action is pending or
26 who is the subject of an unresolved complaint."

27 In line 653, strike "prospective students prior to their"

28 In line 654, strike "matriculation" and insert in lieu thereof
29 "matriculated students"

30 In line 746, strike "five years" and insert in lieu thereof "one year"

31 Change the effective date of section 25 to "Effective from passage"

32 In line 807, after "Council" insert ", American Safety and Health
33 Institute"

34 After the last section, add the following and renumber sections and
35 internal references accordingly:

36 "Sec. 501. Subsection (d) of section 3 of public act 03-118 is repealed
37 and the following is substituted in lieu thereof (*Effective from passage*):

38 (d) This section shall not apply to licensees who have been
39 continuously licensed since [October 1, 1993] February 1, 1994. The

40 continuing education requirements shall be waived for licensees
41 applying for licensure renewal for the first time. The department may,
42 for a licensee who has a medical disability or illness, grant a waiver of
43 the continuing education requirements for a specific period of time or
44 may grant the licensee an extension of time in which to fulfill the
45 requirements.

46 Sec. 502. Subsection (d) of section 20-206bb of the general statutes is
47 repealed and the following is substituted in lieu thereof (*Effective from*
48 *passage*):

49 (d) Notwithstanding the provisions of subsection (b) of this section,
50 the department shall, [(1)] prior to September 1, [1999] 2005, issue a
51 license to any applicant who presents to the department satisfactory
52 evidence that the applicant has [(A) passed the National Commission
53 for the Certification of Acupuncturists written examination by test or
54 by credentials review, (B) successfully completed the practical
55 examination of point location skills offered by the National
56 Commission for the Certification of Acupuncturists, and (C)
57 successfully completed a course in clean needle technique prescribed
58 by the department pursuant to subsection (b) of this section, and (2)
59 prior to September 1, 1999, issue a license to any applicant who
60 presents to the department satisfactory evidence that the applicant (A)
61 is a member of or has been certified by the National Commission for
62 the Certification of Acupuncturists, and (B) has at least ten years'
63 experience in the practice of acupuncture] (1) earned, or successfully
64 completed requirements for, a master's degree in acupuncture from a
65 program that includes a minimum of one thousand three hundred fifty
66 hours of didactic and clinical training, five hundred of which are
67 clinical, from an institution of higher education accredited by the
68 Department of Higher Education at the time of the applicant's
69 graduation, (2) passed all portions of the National Certification
70 Commission for Acupuncture and Oriental Medicine acupuncture
71 examination, including the Acupuncture Portion of the comprehensive
72 Written Examination in Acupuncture, the Clean Needle Technique
73 Portion of the Comprehensive Written Examination in Acupuncture

74 and the Practical Examination of Point Location Skills, and (3)
75 successfully completed a course in clean needle technique offered by
76 the Council of Colleges of Acupuncture and Oriental Medicine.

77 Sec. 503. Subsection (e) of section 52-557b, as amended by section 10
78 of public act 03-211 of the general statutes, is repealed and the
79 following is substituted in lieu thereof (*Effective October 1, 2004*):

80 (e) (1) For purposes of this subsection, "cartridge injector" means an
81 automatic prefilled cartridge injector or similar automatic injectable
82 equipment used to deliver epinephrine in a standard dose for
83 emergency first aid response to allergic reactions.

84 (2) Any volunteer worker associated with, or any person employed
85 to work for, a program offered to children sixteen years of age or
86 younger by a corporation, other than a licensed health care provider,
87 that is exempt from federal income taxation under Section 501 of the
88 Internal Revenue Code of 1986, or any subsequent corresponding
89 internal revenue code of the United States, as from time to time
90 amended, who (A) has been trained in the use of a cartridge injector by
91 a licensed physician, physician's assistant, advanced practice
92 registered nurse or registered nurse, (B) has obtained the consent of a
93 parent or legal guardian to use a cartridge injector on his or her child,
94 and (C) uses a cartridge injector on such child in apparent need thereof
95 participating in such program, shall not be liable to such child assisted
96 or to such child's parent or guardian for civil damages for any personal
97 injury or death which results from acts or omissions by such worker in
98 using a cartridge injector which may constitute ordinary negligence.
99 The immunity provided in this subsection does not apply to acts or
100 omissions constituting gross, wilful or wanton negligence.

101 (3) A corporation, other than a licensed health care provider, that is
102 exempt from federal income taxation under Section 501 of the Internal
103 Revenue Code of 1986, or any subsequent corresponding internal
104 revenue code of the United States, as from time to time amended,
105 which provides training in the use of cartridge injectors to any

106 volunteer worker granted immunity pursuant to subdivision (2) of this
107 subsection shall not be liable for civil damages for any injury sustained
108 by, or for the death of, a child sixteen years of age or younger who is
109 participating in a program offered by such corporation, which injury
110 or death results from acts or omissions by such worker in using a
111 cartridge injector, which may constitute ordinary negligence. The
112 immunity provided in this subsection does not apply to acts or
113 omissions constituting gross, wilful or wanton negligence.

114 Sec. 504. Section 20-86b of the general statutes is repealed and the
115 following is substituted in lieu thereof (*Effective October 1, 2004*):

116 A clinical practice relationship shall exist between each nurse-
117 midwife and an obstetrician-gynecologist and shall be based upon
118 mutually agreed upon medical guidelines and protocols. Such
119 protocols shall contain a list of medications, devices and laboratory
120 tests which may be prescribed, dispensed or administered by the
121 nurse-midwife. Such protocols shall be filed with the Department of
122 Public Health. The term "directed" does not necessarily imply the
123 physical presence of an obstetrician-gynecologist while care is being
124 given by a nurse-midwife. Each nurse-midwife shall sign the birth
125 certificate of each infant delivered by the nurse-midwife. A nurse-
126 midwife may make the actual determination and pronouncement of
127 death of an infant delivered by the nurse-midwife provided: (1) The
128 death is an anticipated death; (2) the nurse-midwife attests to such
129 pronouncement on the certificate of death; and (3) the nurse-midwife
130 or a physician licensed pursuant to chapter 370 certifies the certificate
131 of death not later than twenty-four hours after such pronouncement.

132 Sec. 505. Subsection (c) of section 7-62b of the general statutes is
133 repealed and the following is substituted in lieu thereof (*Effective*
134 *October 1, 2004*):

135 (c) The medical certification portion of the death certificate shall be
136 completed, signed and returned to the licensed funeral director or
137 licensed embalmer [within] no later than twenty-four hours after death

138 by the physician or advanced practice registered nurse in charge of the
139 patient's care for the illness or condition which resulted in death, or
140 upon the death of an infant delivered by a nurse-midwife, by such
141 nurse-midwife, as provided in section 20-86b, as amended by this act.
142 In the absence of such physician or advanced practice registered nurse,
143 or with [his] the physician's or advanced practice registered nurse's
144 approval, the medical certification may be completed and signed by [a
145 designated] an associate physician, an advanced practice registered
146 nurse, a physician assistant as provided in subsection (d) of section 20-
147 12d, as amended by this act, a registered nurse as provided in section
148 20-101a, as amended by this act, the chief medical officer of the
149 institution in which death occurred, or by the pathologist who
150 performed an autopsy upon the decedent. No physician, advanced
151 practice registered nurse, physician assistant, registered nurse, nurse-
152 midwife, chief medical officer or pathologist shall sign and return the
153 medical certification unless [he] such physician, advanced practice
154 registered nurse, physician assistant, registered nurse, chief medical
155 officer or pathologist has personally viewed and examined the body of
156 the person to whom the medical certification relates and [has satisfied
157 himself] is satisfied that at the time of the examination such person
158 was in fact dead, except that in the event a medical certification is
159 completed by a physician, advanced practice registered nurse,
160 physician assistant, registered nurse, nurse-midwife, chief medical
161 officer or pathologist other than the one who made the determination
162 and pronouncement of death, [has been made by a registered nurse
163 pursuant to section 20-101a, such] an additional viewing and
164 examination of the body shall not be required. If a physician, advanced
165 practice registered nurse, physician assistant, registered nurse, nurse-
166 midwife, chief medical officer or pathologist refuses or otherwise fails
167 to complete, sign and return the medical portion of the death certificate
168 to the licensed funeral director or licensed embalmer within twenty-
169 four hours after death, such licensed funeral director or embalmer may
170 notify the Commissioner of Public Health of such refusal. The
171 commissioner may, upon receipt of notification and investigation,
172 assess a civil penalty against such physician, advanced practice

173 registered nurse, physician assistant, registered nurse, chief medical
174 officer or pathologist not to exceed two hundred fifty dollars. The
175 medical certification shall state the cause of death, defined so that such
176 death may be classified under the international list of causes of death,
177 the duration of disease if known and such additional information as
178 the Department of Public Health requires. The department shall give
179 due consideration to national uniformity in vital statistics in
180 prescribing the form and content of such information.

181 Sec. 506. Section 20-11b of the general statutes is repealed and the
182 following is substituted in lieu thereof (*Effective from passage*):

183 (a) [Each] Except as provided in subsection (c) of this section, each
184 person licensed to practice medicine and surgery under the provisions
185 of section 20-13 who provides direct patient care services shall
186 maintain professional liability insurance or other indemnity against
187 liability for professional malpractice. The amount of insurance which
188 each such person shall carry as insurance or indemnity against claims
189 for injury or death for professional malpractice shall not be less than
190 five hundred thousand dollars for one person, per occurrence, with an
191 aggregate of not less than one million five hundred thousand dollars.

192 (b) Each insurance company which issues professional liability
193 insurance, as defined in subdivisions (1), (6), (7), (8) and (9) of
194 subsection (b) of section 38a-393, shall on and after January 1, 1995,
195 render to the Commissioner of Public Health a true record of the
196 names and addresses, according to classification, of cancellations of
197 and refusals to renew professional liability insurance policies and the
198 reasons for such cancellation or refusal to renew said policies for the
199 year ending on the thirty-first day of December next preceding.

200 (c) A person subject to the provisions of subsection (a) of this section
201 shall be deemed in compliance with such subsection when providing
202 primary health care services at a clinic licensed by the Department of
203 Public Health that is recognized as tax exempt pursuant to Section
204 501(c)(3) of the Internal Revenue Code of 1986 or any successor

205 internal revenue code, as may be amended from time to time,
206 provided: (1) Such person is not compensated for such services; (2) the
207 clinic does not charge patients for such services; (3) the clinic maintains
208 professional liability insurance coverage in the amounts required by
209 subsection (a) of this section for each aggregated forty hours of service
210 or fraction thereof for such persons; (4) The clinic carries additional
211 appropriate professional liability coverage on behalf of the clinic and
212 its employees in the amounts of five hundred thousand dollars per
213 occurrence, with an aggregate of not less than one million five
214 hundred thousand dollars per occurrence, with an aggregate of not
215 less than one million five hundred thousand dollars; and (5) the clinic
216 maintains total professional liability coverage of not less than one
217 million dollars per occurrence with an annual aggregate of not less
218 than three million dollars. Such person shall be subject to the
219 provisions of subsection (a) of this section when providing direct
220 patient care services in any setting other than such clinic. Nothing in
221 this subsection shall be construed to relieve the clinic from any
222 insurance requirements otherwise required by law.

223 (d) No person insured pursuant to the requirements of subsection
224 (a) of this section with a claims-made medical malpractice insurance
225 policy shall lose the right to unlimited additional extended reporting
226 period coverage upon such person's permanent retirement from
227 practice if such person solely provides professional services without
228 charge at a clinic recognized as tax exempt under section 501(c)(3) of
229 said internal revenue code.

230 Sec. 507. (NEW) (*Effective from passage*) Notwithstanding the
231 provisions of section 4a-57a of the general statutes, the Commissioner
232 of Administrative Services shall donate up to five vans to
233 municipalities or organizations that operate needle exchange programs
234 established pursuant to section 19a-124 of the general statutes. After
235 the donation takes place, the Department of Administrative Services
236 shall be relieved of any liability regarding the performance or
237 maintenance of the donated vans. The municipality or organization
238 that accepts the donation of the van shall be solely liable for any

239 damage to, or any damage or injury resulting from use of, such van
240 and shall indemnify the state against all claims arising out of the use of
241 such property.

242 Sec. 508. Subsection (a) of section 19a-79 of the general statutes is
243 repealed and the following is substituted in lieu thereof (*Effective*
244 *October 1, 2004*):

245 (a) The Commissioner of Public Health shall adopt regulations, in
246 accordance with the provisions of chapter 54, to carry out the purposes
247 of sections 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-
248 87, inclusive, and to assure that child day care centers and group day
249 care homes shall meet the health, educational and social needs of
250 children utilizing such child day care centers and group day care
251 homes. Such regulations shall (1) specify that before being permitted to
252 attend any child day care center or group day care home, each child
253 shall be protected as age-appropriate by adequate immunization
254 against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps,
255 rubella, hemophilus influenzae type B and any other vaccine required
256 by the schedule of active immunization adopted pursuant to section
257 19a-7f, including appropriate exemptions for children for whom such
258 immunization is medically contraindicated and for children whose
259 parents object to such immunization on religious grounds, (2) specify
260 conditions under which child day care center directors and teachers
261 and group day care home providers may administer tests to monitor
262 glucose levels in a child with diagnosed diabetes mellitus, and
263 administer medicinal preparations, including controlled drugs
264 specified in the regulations by the commissioner, to a child receiving
265 child day care services at such child day care center or group day care
266 home pursuant to the written order of a physician licensed to practice
267 medicine or a dentist licensed to practice dental medicine in this or
268 another state, or an advanced practice registered nurse licensed to
269 prescribe in accordance with section 20-94a, or a physician assistant
270 licensed to prescribe in accordance with section 20-12d, and the written
271 authorization of a parent or guardian of such child, (3) specify that an
272 operator of a child day care center or group day care home, licensed

273 before January 1, 1986, or an operator who receives a license after
274 January 1, 1986, for a facility licensed prior to January 1, 1986, shall
275 provide a minimum of thirty square feet per child of total indoor
276 usable space, free of furniture except that needed for the children's
277 purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens,
278 halls, isolation room or other rooms used for purposes other than the
279 activities of the children, (4) specify that a child day care center or
280 group day care home licensed after January 1, 1986, shall provide
281 thirty-five square feet per child of total indoor usable space, (5)
282 establish appropriate child day care center staffing requirements for
283 employees certified in cardiopulmonary resuscitation by the American
284 Red Cross or the American Heart Association, (6) specify that on and
285 after January 1, 2003, a child day care center or group day care home
286 (A) shall not deny services to a child on the basis of a child's known or
287 suspected allergy or because a child has a prescription for an
288 automatic prefilled cartridge injector or similar automatic injectable
289 equipment used to treat an allergic reaction, or for injectable
290 equipment used to administer glucagon, (B) shall, [within] not later
291 than three weeks [of] after such child's enrollment in such a center or
292 home, have staff trained in the use of such equipment on-site during
293 all hours when such a child is on-site, (C) shall require such child's
294 parent or guardian to provide the injector or injectable equipment and
295 a copy of the prescription for such medication and injector or injectable
296 equipment upon enrollment of such child, and (D) shall require a
297 parent or guardian enrolling such a child to replace such medication
298 and equipment prior to its expiration date, and (7) specify that on and
299 after January 1, 2005, a child day care center or group day care home
300 (A) shall not deny services to a child on the basis of a child's diagnosis
301 of asthma or because a child has a prescription for an inhalant
302 medication to treat asthma, and (B) shall, not later than three weeks
303 after such child's enrollment in such a center or home, have staff
304 trained in the administration of such medication on-site during all
305 hours when such a child is on-site.

306 Sec. 509. Subsection (c) of section 19a-491a of the general statutes is

307 repealed and the following is substituted in lieu thereof (*Effective from*
308 *passage*):

309 (c) A person seeking to renew a nursing home license shall furnish
310 the department with any information required under subsection (a) of
311 this section that was not previously submitted and with satisfactory
312 written proof that the owner of the nursing home consents to such
313 renewal, if the owner is different than the person seeking renewal, and
314 shall provide data on any change in the information submitted. The
315 commissioner [may] shall refuse to issue or renew a nursing home
316 license if the person seeking renewal fails to provide the information
317 required under this section. Upon such refusal, the commissioner shall
318 grant such license to the holder of the certificate of need, provided
319 such holder meets all requirements for such licensure. If such holder
320 does not meet such requirements, the commissioner shall proceed in
321 accordance with sections 19a-541 to 19a-549, inclusive, as amended. If
322 the commissioner is considering a license renewal application
323 pursuant to an order of the commissioner, the procedures in this
324 subsection shall apply to such consideration.

325 Sec. 510. Subsection (b) of section 20-87a of the general statutes is
326 repealed and the following is substituted in lieu thereof (*Effective*
327 *October 1, 2004*):

328 (b) Advanced nursing practice is defined as the performance of
329 advanced level nursing practice activities that, by virtue of postbasic
330 specialized education and experience, are appropriate to and may be
331 performed by an advanced practice registered nurse. The advanced
332 practice registered nurse performs acts of diagnosis and treatment of
333 alterations in health status, as described in subsection (a) of this
334 section, and shall collaborate with a physician licensed to practice
335 medicine in this state. If practicing in (1) an institution licensed
336 pursuant to subsection (a) of section 19a-491, as amended, as a
337 hospital, residential care home, health care facility for the
338 handicapped, nursing home, rest home, mental health facility,
339 substance abuse treatment facility, infirmary operated by an

340 educational institution for the care of students enrolled in, and faculty
341 and staff of, such institution, or facility operated and maintained by
342 any state agency and providing services for the prevention, diagnosis
343 and treatment or care of human health conditions, or (2) an industrial
344 health facility licensed pursuant to subsection (h) of section 31-374
345 which serves at least two thousand employees, or (3) a clinic operated
346 by a state agency, municipality, or private nonprofit corporation, or (4)
347 a clinic operated by any educational institution prescribed by
348 regulations adopted pursuant to section 20-99a, the advanced practice
349 registered nurse may, in collaboration with a physician licensed to
350 practice medicine in this state, prescribe, dispense, and administer
351 medical therapeutics and corrective measures. In all other settings, the
352 advanced practice registered nurse may, in collaboration with a
353 physician licensed to practice medicine in the state, prescribe and
354 administer medical therapeutics and corrective measures and may
355 request, sign for, receive and dispense drugs in the form of
356 professional samples in accordance with sections 20-14c to 20-14e,
357 inclusive, except that an advanced practice registered nurse licensed
358 pursuant to section 20-94a and maintaining current certification from
359 the American Association of Nurse Anesthetists who is prescribing
360 and administering medical therapeutics during surgery may only do
361 so if the physician who is medically directing the prescriptive activity
362 is physically present in the institution, clinic or other setting where the
363 surgery is being performed. For purposes of this subsection,
364 "collaboration" means a mutually agreed upon relationship between an
365 advanced practice registered nurse and a physician who is educated,
366 trained or has relevant experience that is related to the work of such
367 advanced practice registered nurse. The collaboration shall address a
368 reasonable and appropriate level of consultation and referral, coverage
369 for the patient in the absence of the advanced practice registered nurse,
370 a method to review patient outcomes and a method of disclosure of the
371 relationship to the patient. Relative to the exercise of prescriptive
372 authority, the collaboration between an advanced practice registered
373 nurse and a physician shall be in writing and shall address the level of
374 schedule II and III controlled substances that the advanced practice

375 registered nurse may prescribe and provide a method to review
376 patient outcomes, including, but not limited to, the review of medical
377 therapeutics, corrective measures, laboratory tests and other diagnostic
378 procedures that the advanced practice registered nurse may prescribe,
379 dispense and administer.

380 Sec. 511. Subsection (c) of section 20-206b of the general statutes is
381 repealed and the following is substituted in lieu thereof (*Effective from*
382 *passage*):

383 (c) (1) Notwithstanding the provisions of subsection (a) of this
384 section, the department may issue a license to an applicant whose
385 school of massage therapy does not satisfy the requirement of
386 subparagraph (A) or (B) of subdivision (1) of said subsection (a),
387 provided the school held, at the time of the applicant's graduation, a
388 certificate issued by the Commissioner of Education pursuant to
389 section 10-7b and provided the applicant graduated within thirty-three
390 months of the date said school first offered the curriculum completed
391 by the applicant. No license shall be issued under this subsection to a
392 graduate of a school that fails to apply for and obtain accreditation by
393 (1) an accrediting agency recognized by the United States Department
394 of Education, or (2) the Commission on Massage Therapy
395 Accreditation within thirty-three months of the date said school first
396 offered the curriculum.

397 (2) Notwithstanding the provisions of subsection (a) of this section
398 and subdivision (1) of this subsection, the department may issue a
399 license to an applicant who submits evidence satisfactory to the
400 commissioner that the applicant (A) was enrolled, on or before July 1,
401 2005, in a school of massage therapy that was approved or accredited
402 by a state board of postsecondary technical trade and business schools
403 or a state agency recognized as such state's board of postsecondary
404 technical trade and business schools, (B) graduated from a school of
405 massage therapy with a course of study of not less than five hundred
406 classroom hours, with the instructor present, that at the time of the
407 applicant's graduation was approved or accredited by a state board of

408 postsecondary technical trade and business schools or a state agency
409 recognized as such state's board of postsecondary technical trade and
410 business schools, and (C) has passed the National Certification
411 Examination for Therapeutic Massage and Bodywork. Passing scores
412 on the examination shall be prescribed by the department.

413 Sec. 512. Subsection (d) of section 10-206 of the general statutes is
414 repealed and the following is substituted in lieu thereof (*Effective July*
415 *1, 2004*):

416 (d) The results of each assessment done pursuant to this section and
417 the results of screenings done pursuant to section 10-214 shall be
418 recorded on forms supplied by the State Board of Education. Such
419 information shall be included in the cumulative health record of each
420 pupil and shall be kept on file in the school such pupil attends. If a
421 pupil permanently leaves the jurisdiction of the board of education, the
422 pupil's original cumulative health record shall be sent to the chief
423 administrative officer of the school district to which such student
424 moves. The board of education transmitting such health record shall
425 retain a true copy. Each physician, advanced practice registered nurse,
426 registered nurse, or physician assistant performing health assessments
427 and screenings pursuant to this section and section 10-214 shall
428 completely fill out and sign each form and any recommendations
429 concerning the pupil shall be in writing.

430 Sec. 513. Section 20-206mm of the general statutes is repealed and
431 the following is substituted in lieu thereof (*Effective from passage*):

432 (a) Except as provided in subsections (b) and (c) of this section, an
433 applicant for a license as a paramedic shall submit evidence
434 satisfactory to the commissioner, as defined in section 19a-175, that the
435 applicant has successfully (1) completed a mobile intensive care
436 training program approved by the commissioner, and (2) passed an
437 examination prescribed by the commissioner.

438 (b) An applicant for licensure by endorsement shall present
439 evidence satisfactory to the commissioner that the applicant (1) is

440 licensed or certified as a paramedic in another state or jurisdiction
441 whose requirements for practicing in such capacity are substantially
442 similar to or higher than those of this state and that [he] the applicant
443 has no pending disciplinary action or unresolved complaint against
444 him or her, or (2) (A) is currently licensed or certified as a paramedic in
445 good standing in any New England state, New York or New Jersey, (B)
446 has completed an initial training program consistent with the United
447 States Department of Transportation, National Highway Traffic Safety
448 Administration paramedic curriculum, and (C) has no pending
449 disciplinary action or unresolved complaint against him or her.

450 (c) Any person who is certified as an emergency medical technician-
451 paramedic by the Department of Public Health on October 1, 1997,
452 shall be deemed a licensed paramedic. Any person so deemed shall
453 renew his license pursuant to section 19a-88, as amended, for a fee of
454 seventy-five dollars.

455 Sec. 514. Section 19a-179 of the general statutes is repealed and the
456 following is substituted in lieu thereof (*Effective from passage*):

457 (a) The commissioner shall adopt regulations, in accordance with
458 chapter 54, concerning (1) the methods and conditions for the issuance,
459 renewal and reinstatement of licensure and certification or
460 recertification of emergency medical service personnel, (2) the methods
461 and conditions for licensure and certification of the operations,
462 facilities and equipment enumerated in section 19a-177, as amended,
463 and (3) complaint procedures for the public and any emergency
464 medical service organization. Such regulations shall be in conformity
465 with the policies and standards established by the commissioner. Such
466 regulations shall require that, as an express condition of the purchase
467 of any business holding a primary service area, the purchaser shall
468 agree to abide by any performance standards to which the purchased
469 business was obligated pursuant to its agreement with the
470 municipality.

471 (b) The commissioner may issue an emergency medical technician

472 certificate to an applicant who presents evidence satisfactory to the
473 commissioner that the applicant (1) is currently certified as an
474 emergency medical technician in good standing in any New England
475 state, New York or New Jersey, (2) has completed an initial training
476 program consistent with the United States Department of
477 Transportation, National Highway Traffic Safety Administration
478 paramedic curriculum, and (3) has no pending disciplinary action or
479 unresolved complaint against him or her."